



Ecole Chrétienne des Frères Unis
Christian School of United Brothers
STUDENT HEALTH DENTAL SCREENING RECORD



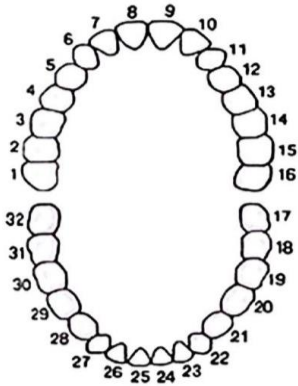
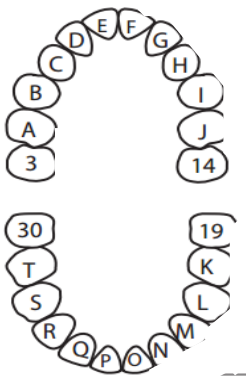
Nom De Famille: _____ **Prenom:** _____ **Date De Naissance: (J/M/A)** _____

Sexe: H/H/F **Paran (pou timoun) oswa yon kontak ijans** _____
 Parent or emergency contact

Adres _____ **Telefòn** _____

HX (Circle) DM Seizures Asthma Anemia Other: _____ **Vaccinations:** TDap Hep A/B Polio MMR Pentavac BHG

COMPREHENSIVE DENTAL SCREENING EXAM



Screening Code Key

- 1. No Urgent Needs
- 2. Prophy/Sealants Needed
- 3. DDS Tx Needed
- 4. Urgent DDS Tx Needed

Date	School Class/Grade	Code	Notes

* Please do not include treatment information on the screening form, use the dental patient record to ensure continuity of care